TESTIMONY

of

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Good afternoon. Thank you Chairman Rogers, Ranking Member Meek, and distinguished Members of the House Committee on Homeland Security, for the opportunity to testify before the Committee.

My name is Jeffrey Lowell. I am a surgeon at Washington University School of Medicine, where I am Professor of Surgery and Pediatrics and direct the Transplant Surgery program at St. Louis Children's Hospital. I am a liver and kidney transplant surgeon, and have held the position of Assistant Vice Chancellor in the School of Medicine. I have also served as the Police Surgeon for the St. Louis Metropolitan Police Department (where I served on the Hostage Response Team), as Senior Advisor to the Mayor for Medical Affairs, and Chief of the St. Louis Metropolitan Medical Response System.

I'm here today to discuss medical readiness responsibilities and capabilities in the Department of Homeland Security and the role of the Chief Medical Officer in realigning and strengthening the Federal Medical Response.

In the Summer of 2004, I was appointed by then Secretary of Homeland Security Tom Ridge to serve as Senior Advisor to the Secretary for Medical Affairs. In that capacity, I was the principal advisor to the Secretary on medical issues relevant to the Department, including medical response to disaster, distribution and utilization of medical assets within the Department, coordination with other Departments and agencies on medical issues, and occupational health and safety issues affecting DHS employees and support personnel. Secretary Ridge, and now Secretary Chertoff, have recognized that medical preparedness and medical response are critical elements of the DHS mission.

One of my tasks as Senior Advisor to the Secretary for Medical Affairs was to assess the Department's capability to carry out its medical mission. As part of that task, I examined the Department of Homeland Security's medical readiness requirements and its capabilities for addressing these requirements.

I reviewed the medical and health assets, activities, resources and capabilities, located in the Department of Homeland Security, and how these assets and responsibilities related to other federal departments or agencies of the executive branch, with a focus on mass casualty care.

I found that the Department of Homeland Security lacked a clearly-defined and unified medical capability to support its mission of preventing, protecting, responding to, and recovering from major terrorist attacks or natural disasters.

The primary consequences of most Events of National Significance are the impact on human health – people get injured or die. If you don't save lives, little else matters. Americans expect the Department of Homeland Security to pass the medical readiness test. I found that the Department's medical readiness responsibilities, capabilities,

assets, personnel, and fiscal resources need to be realigned and consolidated in order for the Department to pass the medical readiness test, and I made recommendations on how to do so.

In recognition of the importance of the medical mission, Secretary Chertoff, after concluding the Second Stage Review of the Department, has established the position of DHS Chief Medical Officer. I applaud Secretary Chertoff for this decision. Among other issues, Secretary Chertoff has recommended that the CMO position be housed within the new proposed Preparedness Directorate. However, I respectfully suggest an alternative.

Instead, I recommend establishing an Office of Medical Readiness in the Department of Homeland Security, and would like to provide a brief overview of the configuration, responsibilities, and benefits of such an office. I would like to discuss the role of the Chief Medical Officer in leading this Office.

The DHS Chief Medical Officer should be charged:

- to protect the public, emergency responders, and affiliated medical personnel from the range of manmade and naturally occurring biological and environmental diseases, injuries, and threats that the Department will face

- to serve as an information and communication channel with the public, emergency responders and the medical profession regarding all medical aspects of these issues

The CMO should lead a centralized, coordinated medical organizational structure within DHS, and serve as the central medical point of contact to coordinate with other Federal, State, and local agencies and to provide the core architecture for managing and coordinating the delivery of Federal emergency medical support; deliver medical risk communications; and, provide medical and health support to DHS employees in the workplace and on deployments.

The CMO should have the responsibilities:

- To act as the principal advisor to the Secretary on medically related issues

- To direct the operational elements of the federal medical/health threat response to a national critical incident

- To integrate relevant agencies and programs within DHS and within USG (e.g., Centers for Disease Control and Prevention (CDC) - Office of Public Health and Emergency Preparedness (HHS), U.S. Public Health Service (HHS), Air/Army National Guard Medical Corps (DOD), and VA Hospital System (Department of Veterans' Affairs)).

- To act as the spokesperson for the Secretary on medically related issues, including threat/risk assessment, preparation and responses

- To focus federal resources on developing a national medical surge capacity – including the integration and coordination of existing federal assets (including the National Guard, NORTHCOM, VA Hospital System) with civilian response

- To ensure effective integration amongst civilian medical providers and facilities, including developing systems to ensure intra/inter regional coordination, interoperable equipment, standardized practices and procedures (including electronic systems to track patients that may be transported from one location to another), and robust intra/inter regional exercises

- To coordinate relevant research and development programs across federal agencies

I would recommend that the CMO, in the immediate period, address four critical problems in the federal medical response to an event of national significance.

First, people. There must be a trained, equipped, mobile, medical work force composed of the appropriate medical and surgical disciplines, capable of providing medical care in the event of catastrophic threats or events. There are weaknesses in the federal medical response to mass casualty events, which is currently led by the National Disaster Medical System (NDMS). NDMS is currently assigned to the Emergency Preparedness and Response Directorate in DHS, where there are few qualified medical personnel available to develop the requisite medical doctrine, policies, and procedures. I would recommend that NDMS be moved to the proposed Office of Medical Readiness and be substantially transformed to include full-time federal medical teams and a uniformed reserve corps, supplemented by volunteer teams, to satisfy casualty requirements from existing planning scenarios. A full-time and uniformed reserve medical corps, led by the CMO, would need to be recruited and supported as part of the medical element of either the U.S. Coast Guard, the National Guard, as a new clinical readiness component of the U.S. Public Health Service, or as an independent DHS medical corps. Just as our Nation expects other components of its emergency (first) response (e.g., police, fire, EMS) system to be solely committed to its singular mission and responsibility, the medical/health components must also be comprised of solely committed, specialized personnel. We do not expect our Nation's largest cities to rely disproportionately on volunteer fire fighters and auxiliary police officers. There needs to be a thorough analysis and transformation of NDMS by the DHS CMO.

Second, surge capacity. There is little surge capacity in U.S. hospitals for catastrophic events. The surge capacity of a health care system includes more than an accounting of staffed vs. licensed hospital beds. Most hospitals in the U.S. function at or near capacity on a daily basis. After action reviews of Hurricanes Katrina and Rita will undoubtedly identify

large gaps in the plans and systems to redistribute, and track, patients regionally and nationally. DHS should establish a standard for temporary, mobile medical facilities, and staff requirements to support these facilities, that can serve as alternative care sites or potentially sites for quarantine, to supplement the already strained U.S. Hospitals.

Third, interagency coordination and leadership. There must be a solution to the lack of interagency coordination. There are apparent conflicts in the requirements of the Homeland Security Act of 2002 and Emergency Support Function -8 of the National Response Plan and Homeland Security Presidential Directive 10 that should be clarified and resolved. There is a lack of a clear and effective public education strategy for medical/health response to a critical incident, termed “risk communication” and a lack of an understanding of who (from which USG Department and position) should be the risk communications spokesperson.

Fourth, manage and coordinate the current medical/health programs that reside within DHS, within the proposed Office of Medical Readiness.

DHS was created to prevent, protect, respond to, and recover from natural and man made disasters. Meeting the health and medical needs of the nation at times of disaster is a core requirement in the mission of DHS. Accordingly, to efficiently and effectively complete this mission, DHS must re-evaluate and refine the medical component of its mission; design, develop, and realign medical response capabilities within the Department, under the direction of its Chief Medical Officer, and collaborate with HHS and other Federal partners to ensure the seamless integration of medical preparedness and response capabilities at the Federal, Regional, State, and local levels.

Thank you again Mr. Chairman and Ranking Member Meek, as well as the other Members of this distinguished Subcommittee for your continued leadership and for the chance to appear before you today to discuss medical readiness responsibilities and capabilities in DHS and the role of its Chief Medical Officer in realigning and strengthening the Federal Medical Response. I will be happy to answer any questions that you have.